

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 585864

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	(1)					
5	(1)					
6	(1)					
7	(1)					
8	(1)					
9	(4)					
10	(1)					
11	(1)					
12	(1)					
13	(1)					
14	(1)					
15	(1)					
16	(1)					
17	(1)					
18	(1)					
19	(1)					
20	(1)					
21	(1)					
22	(1)					
23	(1)					
24	(1)					
25	(1)					
26	1		1			
27		1		1		
28	(1)			1		
29	(1)			1		
30	(1)		(1)			
31	(1)			1		
32	(1)			1		
33	(1)			1		
34	(1)			1		
35	(1)			1		
36	(1)			1		
37	(1)			1		
38	1			1		
39	1			1		
40						
41						
42						
43						
44						
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46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	36	◀	35	◀		
TOTAL CLAIMS	40	[REDACTED]	39	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		◀			◀	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]